



# Application for the Use of Manuscript Collections

Howard Gotlieb Archival Research Center

Collection Consulted \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Name \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Telephone \_\_\_\_\_ Local Fax \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code/zip \_\_\_\_\_

Country \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Educational or Academic Affiliation: \_\_\_\_\_

Undergraduate  Graduate  Faculty BU College, School and Program: \_\_\_\_\_

### Purpose of Research

- book  article  documentary  personal interest
- dissertation  webcontent  other  class

Research Topic/Project Name: \_\_\_\_\_  
\_\_\_\_\_

Class Number and Professor: \_\_\_\_\_

Dissertation title & advisor: \_\_\_\_\_

Intend to publish  YES  NO

If yes, please indicate publisher and refer to restrictions in the "Rules for the Use of Manuscript Collections"

\_\_\_\_\_

May the Gotlieb Center publicize your research with your name and institution?  YES  NO

I have read and agree to abide by the "Rules For the Use of Manuscript Collections."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Archivist's Signature

\_\_\_\_\_  
Approved



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## APPLICATION FOR THE USE OF MANUSCRIPT COLLECTIONS REQUEST FORM

Researchers Name: \_\_\_\_\_

Collection Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Dates of visits (for continuing researchers):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I request permission to examine the manuscript material listed below:**

Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____
Box _____	Box _____	Box _____

Other Materials (packages, scrapbooks, poster, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____